



Drayze 16394

Practitioner's Docket No. MPI95-001CP1CP1CN1M

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Galvin, Katherine et al.
Application No.: 10/067,741 Group No.: 1632
Filed: February 8, 2002 Examiner: Peter Paras Jr.
For: COMPOSITIONS AND METHODS FOR THE TREATMENT AND DIAGNOSIS
OF CARDIOVASCULAR DISEASE

Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith for this application is/are:
 - a. This Amendment Transmittal which includes a Three Month Request for Extension of Time (3 pages - in duplicate);
 - b. Amendment and Response (11 pages);
 - c. Information Disclosure Statement (2 pages);
 - d. Form PTO/SB/08B (1 page);
 - e. Copies of 5 references;
 - f. Return Postcard

STATUS

2. Applicant is other than a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

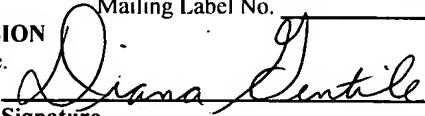
37 C.F.R. SECTION 1.10*

with sufficient postage as first class mail.

as "Express Mail Post Office to Addressee" Mailing Label No. _____

TRANSMISSION

transmitted by facsimile to the Patent and Trademark Office.



Signature

Date: March 9, 2004

Diana Gentile

(type or print name of person certifying)

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PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a three month extension:

Fee: \$950.00

Extension fee due with this request \$950.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	
Total 11	16	= 0	Rate \$18.00 = \$0.00
Indep. 2	3	= 0	\$86.00 = \$0.00
First Presentation of Multiple Dependent Claims	0		\$290.00 = \$0.00
		Total Addit. Fee	\$0.00
		Total Addit. Fee	\$0.00
		Total additional fee for claims required	\$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$950.00 (which includes the \$950.00 extension fee and the \$0.00 Extra Claims fee.). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668. If any additional fee for claims is required, charge Account No. 501668.

Practitioner's Docket No. **MPI95-001CP1CP1CN1M**

7. Correspondence Address

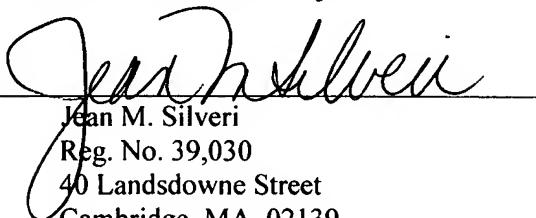
Direct all future correspondence to:

Customer Number 30405
OR
Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
40 Landsdowne Street
Cambridge, MA 02139

March 9, 2004

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By


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